



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

Provider	ELBA NELLY RAMIREZ DE CASTILLO				License Number	DCFH.57501	Date of Inspection	08/28/2024
					Expiration Date	5/31/2025	Time of Inspection	11:51 AM
Address	8 HOPKINS ST WATERBURY CT 06704-3334				Telephone	(475) 313-4479	Regular Capacity	6
					Days and Hours	MONDAY-FRIDAY 6:00 AM- 6:00PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	2	# of Total Children Present	7	Inspector's Name	Alexandra Rodriguez		
Provider's Email	ELBARR088@HOTMAIL.COM				Inspector's Email	alexandra.rodriguez@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><i>Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).</i></p> <p style="text-align: right;"><i>[Signature]</i> Signature of Provider/Substitute/Applicant</p>							

### TERMS OF REGISTRATION 19a-87b-5

O	4. Capacity	Failed to maintain licensed capacity. Observed provider with 7 children alone. Substitute arrived 15 minutes after inspection was initiated.	
X	5. Non-transferability of license	Pending?	
X	6. Infant/Toddler Restriction		
X	7. License Posted		
X	8. Parent Access to OEC Phone Number		
X	9. Photo ID		
X	10. Requests for Information		
X	11. Notification of Change		

### QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	04/07/2026
X	14. First Aid Certificate	
	Expiration date:	06/15/2026

<b>X</b>	<b>15. CPR Certificate</b>		
	Expiration date:		
	<b>06/15/2026</b>		
<b>X</b>	<b>16. Judgment</b>		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
<b>X</b>	<b>17. Medical Statement</b>		
<b>X</b>	<b>18. Household Environment</b>		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
<b>X</b>	<b>19. Substitute or Assistant</b>	<b>Y/N</b>	
	Type of Staff :	<b>Y</b>	
	<b>Substitute</b>		
<b>X</b>	<b>20. Emergency Caregiver</b>		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
<b>X</b>	<b>21. Background Check(s)</b>		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
<b>X</b>	<b>22. Clean/Sanitary Environment</b>		
<b>○</b>	<b>23. Freedom of Hazards</b>	<b>Observed unlocked shed outside that contained tools, gardening materials accessible to children. Observed green tarp lifting off ground causing tripping hazard for children. Clorox wipes/hand sanitizer in sunroom and unlocked bedroom with lotions and perfumes on nightstand -all items</b>	
<b>X</b>	<b>24. Harmful Substances/Materials Inaccessible</b>		
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>		
<b>X</b>	<b>26. Safe Storage of Flammables</b>		
<b>X</b>	<b>27. Safe Door Fasteners</b>		
<b>X</b>	<b>28. Electrical Safety</b>		
<b>X</b>	<b>29. Safe Exits</b>		
<b>X</b>	<b>30. Basement Supervision</b>	<b>Y/N</b>	
		<b>Y</b>	
	<b>Used for Care ?</b>	<b>Y/N</b>	
		<b>N</b>	
<b>○</b>	<b>31. Stairways - Protected, Handrails</b>	<b>Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children. Missing gate for outdoor stairway.</b>	
<b>X</b>	<b>32. Emergency Plan</b>		

X	33. Emergency Evacuation Drills - Quarterly/Log		
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors   Outdoors		
X	40. Body of Water-Type: Barrier?	Y/N N	
X	41. Hot Tubs-Locked - Inaccessible	Y/N N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
X	44. Washing Toileting, Sewage Garbage Facilities		
X	45. Adequate and Safe Water - Type of System: Public Water		
X	46. Water Temperature- 60°-120°		
X	47. Pasteurization of Milk Supply		
○	48. Working Phone, Emergency Numbers Posted	Failed to maintain complete emergency phone numbers. Emergency phone numbers are not current, missing new children enrolled.	
X	49. Safe Transportation Registered, Insured, Restraints		
X	50. First Aid supplies		
X	51. Pet protection Pets? Rabies Certs?	Type: N	
X	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
X	53. Enrollment Form		

<input type="radio"/>	54. Child Health Record	Failed to maintain current child health record of three children.
<input type="radio"/>	55. Immunizations	Failed to maintain current immunization records of three children.
<input type="radio"/>	56. Emergency Permission	Three children missing emergency contacts.
<input type="radio"/>	57. Authorized Release	Failed to maintain complete written parent permission to authorize removal of two children.
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Failed to maintain written parent permission for transportation of three children.
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input type="radio"/>	69. Individual Plan for Care (Written if Applicable)	Failed to develop and implement a written individual plan of care for each child with disabilities or special health care needs. Two children diagnosed with asthma missing individual care plans.
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
○	81. Supervision- at all Times, Indoors, Outdoors	Observed a 15 month old climb changing table and was standing on it while provider went to kitchen to get child's lunch. Licensing specialist brought it to provider's attention and she removed child from changing table. Observed three year old standing on windowsill(window was closed).(Comments
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
○	85. Substitute – Emergency Caregiver Present	Failed to ensure an approved substitute was present. Observed provider caring for 7 children alone. Approved substitute arrived 15 minutes after inspection was initiated.
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

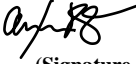

<input type="radio"/>	93. Access- Immediate, Entire or Part of Facility and Records	Failed to allow OEC staff immediate access to locked bedroom on second floor. It took 30 minutes for substitute to remove doorknob from bedroom door.
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### Are Medications Administered? N **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

<input checked="" type="checkbox"/>	94. Policies and Procedures for Admin of Meds	
<input checked="" type="checkbox"/>	95. Parent Permission for Nonprescription Topical Meds	
<input checked="" type="checkbox"/>	96. Notification - Documentation of Med Error(s)	
<input checked="" type="checkbox"/>	97. Nonprescription Topical Meds- Stored/Labeled	
<input checked="" type="checkbox"/>	98. Unused - Expired Nonprescription Meds	
<input checked="" type="checkbox"/>	99. Documented Medication Trained Staff	
<input type="radio"/>	100. Written Auth Prescriber/Parent Permission	Failed to maintain written order from prescriber for medication for two children diagnosed with asthma.
<input checked="" type="checkbox"/>	101. MAR Maintained	
<input type="radio"/>	102. Prescription Meds – Stored/Labeled	Failed to maintain proper storage of medication. Two children diagnosed with asthma are missing each of their medications.
<input checked="" type="checkbox"/>	103. Unused/Expired Prescription Meds	
<input checked="" type="checkbox"/>	104. Emergency Meds- Equip. Labeled/Current	
<input checked="" type="checkbox"/>	105. Self-Admin. Of Meds	
<input checked="" type="checkbox"/>	106. Petition for Special Medication Authorization	

### Child with diabetes enrolled? N **MONITORING OF DIABETES 19a-87b-18**

<input checked="" type="checkbox"/>	108. Policies for Finger Stick Blood Glucose Testing	
<input checked="" type="checkbox"/>	109. Finger Stick Blood Glucose Testing - Staff Trained	
<input checked="" type="checkbox"/>	110. Self Admin of Finger Stick Blood Glucose Testing	
<input checked="" type="checkbox"/>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
<input checked="" type="checkbox"/>	112. Finger Stick Blood Glucose Testing Records	

X	113. Parent Notification of Test Results		
<b>ADDITIONAL VIOLATIONS</b>			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	
<u>YES or NO?</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>		
<b>DISCUSSIONS/COMMENTS</b>			
<p>#81) continued..  Licensing specialist brought it to substitute and provider's attention. Substitute removed child from windowsill.  Discussed with provider importance of maintaining capacity at all times.  Discussed with provider importance of ensuring immediate access is given to OEC of entire home.  Discussed with provider importance of ensuring supervision at all times while caring for children.  Discussed with provider importance of ensuring all children's enrollment documents are complete and current.</p>			
<p><b>NOTE:</b> Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.</p>			
<p><b>APPLICANTS- PLEASE NOTE:</b> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>			
 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Alexandra Rodriguez (Printed Name)	 (Printed Name)	09/11/2024	ELBA NELLY RAMIREZ DE CASTILLO (Printed Name)